



Medical providers may FAX form
to: Middle School-
610-562-1425

HAMBURG AREA SCHOOL DISTRICT

Parent/Guardian’s Request to Administer Medication in School/Field Trip

Dear Parent/Guardian,

To request medication administration at school, please note:

- This form must be completed and signed by you and your child’s medical provider.
- A new form is needed for all changes in medication, dose, or time.
- The medication should be brought to school by a parent/guardian or responsible adult.
- The medication container must be labeled by the pharmacy with the student’s name, prescriber name, name of medication, dosage, route, conditions for storage, prescription date, and expiration date.
- Expired and discontinued medication not picked up by the last day of school will be destroyed.

Health Care Provider’s Instructions for Administering Medication in School

Name of Student			Birthdate	
Diagnosis				
Medication	Dose	Route	Time	Frequency
				Check if student can self-carry medication (Only for inhaler/EpiPens)
Physician/Prescriber Name/ Address (City, State, Zip) (Please Print)		Phone Number		Signature of Physician/Prescriber
		Fax Number		Date

To Be Completed by Parent/Guardian

School that Child Attends	Grade	Home Phone	Work/Emergency Phone
Signature of Parent/Guardian		Date	

